

PRESBYTERY OF RIVERSIDE MEMBER INFORMATION FORM

Name: _____ SS# _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Ethnic Origin _____

Current Presbytery Membership: _____

Date of Ordination: _____ By: _____ Presbytery

Or by another denomination: _____

Reason for coming to Presbytery of Riverside:

_____ I have a call to _____ Church

_____ I am seeking membership in a Validated Ministry

_____ I am seeking membership as a Member at Large

_____ Honorably Retired, now living within the bounds of Riverside Presbytery

_____ Date of Retirement _____ By _____ Presbytery

Education: (Schools, years attended, degrees earned)

College: _____

Seminary: _____

Honorary Degrees: _____

Positions since ordination: (Position, location, years served – most recent listed first)

Service to governing bodies: (Committees, Commissioner to General Assembly)

Include year and/or other special accomplishments:

Spouse _____ Children _____

Signed _____ Date _____

Memberinformation6/2011